William Francis
National Stage Proceeding
A

(703) 3:5-6421 PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/522908

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
U.S. NATIONAL STAGE FEES				(Colum	n 1)	<u> </u>	Column 2)	7	RATE	FEE	1	RATE	FEE	
				SMALL ENT. = \$ 150		1480	SE ENT. = \$ 300	┨	BASIC FEE	-	\ 	BASIC FEE		
BASIC FEE				Satisfies PCT A			her situations =	-		<u> </u>			300	
EXAMINATION FEE				(4) = \$ 50 U.S. is ISA = \$	/\$ 100	s	100 / \$ 200	1	EXAM. FEE	ļ		EXAM. FEE	200	
SEARCH FEE				ALL other cou \$ 200 / \$	intries =		her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.				mini	us 100 =		/ 50 =		X \$ 125 =			X \$ 250 =		
TOTAL CHARGEABLE CLAIMS				9 min	nus 20 =	•			X \$ 25 =		OR	X \$ 50 =		
INDEPENDENT CLAIMS				/ m	inus 3 =	•	···		X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPENI	DENT C	LAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	1014	
CLAIMS AS AMENDED - PART II									SMALL ENTITY			OTHER THAN SMALL ENTITY		
(Column 1) (Column 2) (Column 3)								1 1	SMALLE		OR I	SMALLE		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			NUMBE PREVIOU PAID FO		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 9		Minus **			=		X \$ 25 =	1	OR	X \$ 50 =		
	Independent	·)		Minus		-	s .		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+ \$ 180 =		OR	+ \$ 360 =		
									TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	T	
			umn 1)		(Colur		(Column 3)	1 6			1 1			
18		REM AF	AIMS IAINING FTER IDMENT		NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DMENT	Total	•	, out of the second	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AMENDA	Independent	•		Minus	•••		=		X \$ 100 =		OR	X \$ 200 =		
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+ \$ 180 =		OR	+ \$ 360 =		
		,				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE					
•	If the eater in eater		nce than the	entry in column :	2 write "C"	n cobsor	13		•			•		
**	if the "Highest Nu	mber Pre	viously Pal	d For IN THIS SP	PACE is les	s than 20	0", enter "20".							
***	the "Highest Num	mber Prev	mously Paid flously Paid	d For" IN THIS SF For" (Total or Ind	ependent) i	s the high	hest number found	in th	e eppropriate box	in column 1.				